

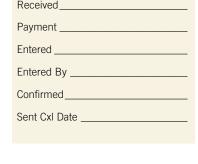
Indiana State Department of Health Long Term Care Leadership Conference

Strategies for Behavior Management and Reduction of Restraints

INSTRUCTIONS

- 1. COMPLETE one form for each registrant or register online at www.in.gov/isdh. Type or print clearly within boxes.
- 2. MAIL completed form and fee(s) to Indiana Long Term Care Leadership Conference, C/O Meeting Services Unlimited, 135 S. Mitthoeffer Rd., Indianapolis, IN 46229.
- 3. FAX completed form with credit card payment to 317-578-0621
- 4. QUESTIONS Call 317-841-7171 or email info@conventionmanagers.com

																			ᆚᆫ		╝
FIRST NAME		11			$\overline{}$		ı —	1	1	1	LAST N	IAME	1	1		—	٦				— г
																	上				
BADGE NAME (ONLY IF D	IFFERENT F	ROM A	BOVE)							1	1	1	1	1		_	-				—ı
																	╙				
TITLE				$\overline{}$				1		1	1		1				- <u>-</u>				_ _,
COMPANY																					
																	T				
ADDRESS		.——			<u> </u>									JL							
CITY			- г	—	— ——						\$	STATE			ZIP	— r		1		. —	— 1
PHONE													FAX			=				 -	╝
													1	Ì	\mathbf{I}		T		\sqcap	$\neg \Gamma$	\neg
EMAIL		<u> </u>						<u> </u>	<u> </u>	<u> </u>	<u>]</u>][<u> </u>				_الـ		_		_
REGISTRATION FEES The registration fee is \$50 for each individual. The registration fee includes the conference, conference materials, continental breakfast, and lunch.													office use								
														Payment							
LUNCH ☐ Please check if attending lunch														Entered							
☐ Please check i				rotari	an liji	nch															
☐ Flease Clieck I	i you re	quire	a veg	getario	aii iui	HUH												Entered By			
PAYMENT must a	PAYMENT must accompany the registration form.														Confirmed						
☐ Visa ☐ MasterCard ☐ Discover ☐ American Express														Sent Cxl Date							
☐ Check payable	: Meetir	ng Ser	rvices	Unli	mited	t															
							1	1				Γ									STATE
Credit Card Num	ber											E	<u>т</u> хр. С)ate							
	*This	numb	er is re	quirec	d for al	II trans	saction	ns whe	n crec	lit card	d cann	ot be	swiped	d to pr	otect	the					1816
			rom fra																In	dia	na
Security Code * your card immediately following the last four digits of your account number, or for American Express a four digit number on the front.														<u>Department</u>							
																			India	. I .	. n. c-
Print name on cre	edit card	 																	India: Lead		
																			Most		



only



Term Care onference C/O Meeting Services Unlimited 135 S. Mitthoeffer Rd. Indianapolis, IN 46229

Signature (Authorizing Meeting Services Unlimited to charge \$50 to account for registration fees)